

Orbital Metastasis as the First Presentation of Nonpalpable Invasive Lobular Carcinoma of the Breast

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Biopsy of the lesion showed infiltration of the orbital connective tissue, muscles, and lacrimal gland by signet ring cells with relatively bland monomorphic round to oval eccentric nuclei arranged in a sheet or single file with occasional cells showing intracytoplasmic mucin droplets. Subsequent Alcian blue/periodic acid-Schiff stain confirmed an occasional mucin droplet with a bull's eye pattern which made us consider lobular carcinoma of the breast. Immunohistochemistry for cytokeratin and estrogen receptor revealed strong cytoplasmic membrane



Reevaluation of the patient by a breast surgeon revealed a mobile anterior right-side neck lymph node and nodularity of the outer lower quadrant of the right breast. Mammography showed an irregular density in the lower outer quadrant of her right breast without calcification (Fig. 3). Stereotactic wire-guided open excisional biopsy of the mass was done and confirmed the diagnosis of invasive lobular carcinoma (Fig. 4).

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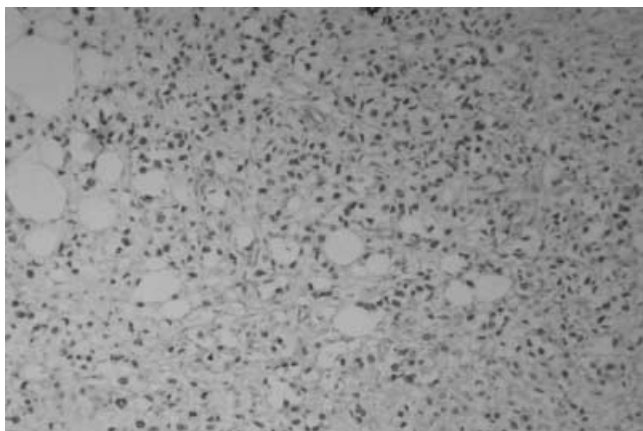


Figure 2. Expression of estrogen receptor by positive nuclear staining of metastatic tumor from the breast (magnification $\times 100$).

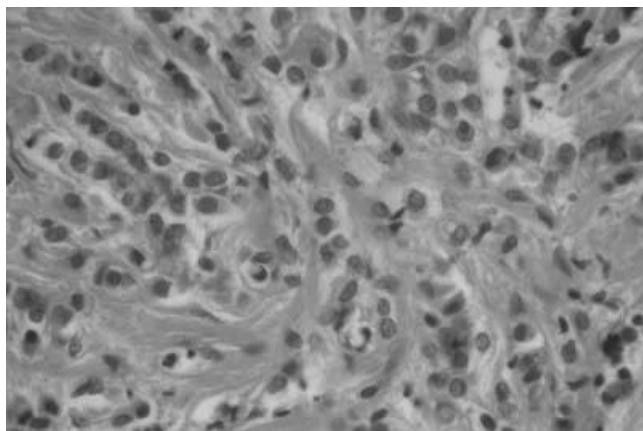


Figure 4. Breast lesion excision shows infiltration of the breast by neoplastic lobular carcinoma (hematoxylin-eosin, magnification $\times 400$).

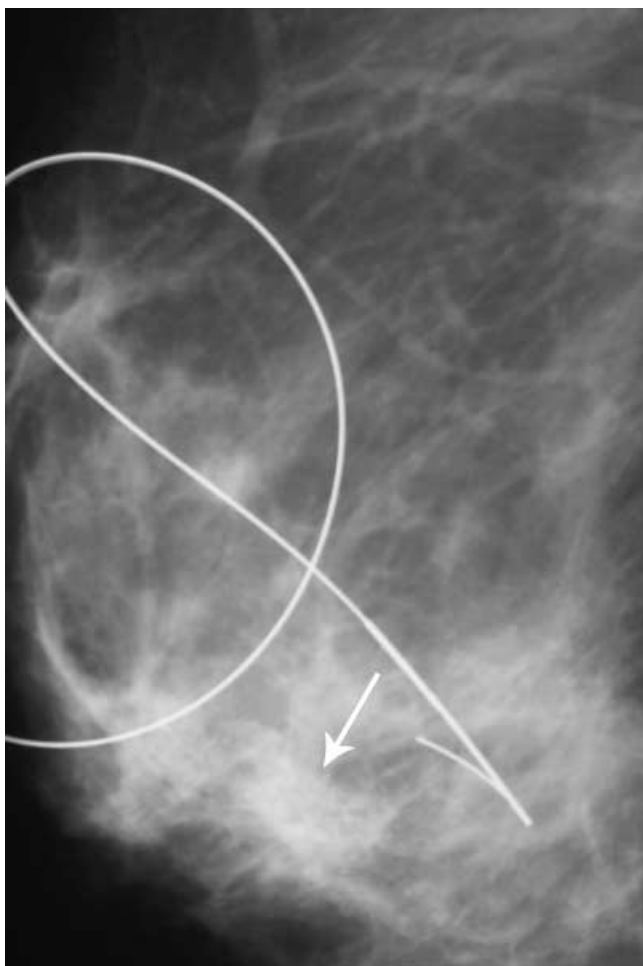


Figure 3. Mammography shows an irregular density in the lower outer quadrant of the right breast (arrow).